

New Maitland Hospital

Service Statement

June 2018



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Executive Summary

Maitland Hospital is the rural referral hospital for the Hunter Valley, working with surrounding district and community hospitals and community based services across the Hunter Valley to meet resident's health needs. Maitland Hospital is linked with Kurri Kurri and Cessnock Hospitals to optimise existing capacity across medical, surgical and maternity services. As all Hunter New England Health (HNE Health) services work as a network, residents of Maitland and surrounds also access hospitals and health services in Newcastle.

Planning for a new Maitland Hospital (NMH) began in 2011. The NMH Service Statement 2017 reviews and builds on concepts and recommendations made in previous planning documentation. This document outlines the service requirements for NMH to effectively manage demand and activity now and in the future.

The NMH will provide the infrastructure required to respond to the anticipated growth in demand and enhance an integrated patient journey from acute, sub-acute and ambulatory care services to community based services in partnership with other health providers.

The key priorities for the delivery of services are:

- Deliver effective, quality and safe care;
- Provide care in the most appropriate setting including hospital, community or people's homes;
- Make best use of available resources; and
- Enhance patient, carer and clinician outcomes and experience.

The NMH project is a major opportunity to embrace technology and innovation with the aim of creating new ways of working, improved performance and better health outcomes. New technology and innovative treatment methodologies for patient care will be considered in the design of the new facility.

Planning confirms NMH will provide a range of health services to residents of the Hunter Valley region as both a rural referral and district hospital. Services at the NMH will complement the range of services provided at other health care facilities in the area as part of the Local Health District's comprehensive clinical networks.

NMH will provide an increased service capability and complexity to help address the increasing demand being experienced by the majority of services across the region.

The major strategic priorities for NMH are:

- Emergency services, Emergency Short Stay Unit (ESSU) and Psychiatric Emergency Care
- Intensive Care and Critical Care units
- Enhanced medical and surgical inpatient services
- Peri operative suite, including enhanced day surgery
- Maternity services and delivery suites, including assessment rooms
- Paediatric and adolescent services
- Expanded imaging and support services, including a cardiac catheterisation lab
- Day chemotherapy
- Mental Health, including an acute inpatient unit
- Rehabilitation
- Ambulatory care and outpatient clinics.

As planning for capital investment has a longer time horizon, it is important to note that additional services will be commissioned progressively. The new site also provides capacity for future expansion as required.

1. Introduction

The 2013 HNE Health Hunter Valley Clinical Services Plan (HVCSP) identified future directions for the delivery of health services in the Hunter Valley and recommended building a new hospital at Maitland. The Plan included service and capacity recommendations based on NSW Health projections.

A Capacity Options Document was developed in 2016 to outline the required services and capacity required for the NMH. The Options Document was based on Maitland Hospital's traditional catchment and the highest service priorities.

Following changes in projection tools, delivery models, population analysis and role delineation guidelines, HNE Health has taken the opportunity to revisit and update service planning for the NMH. This regular cycle of review is important to ensure planning remains current.

2. Purpose

The NMH Service Statement 2017 reviews recommendations made in previous planning and updates service requirements for NMH. The most recently available population health demands, policies and models of care, population projections, guides to role delineation and capability frameworks, projection methodology and tools have been used. It supercedes previous planning documents.

3. Policy Context

The NSW Government's State Plan *NSW 2021: A plan to make NSW Number 1*¹ outlines the vision, mission and values of the public service in New South Wales. It articulates a shared vision for health services aiming to 'keep people healthy and out of hospital' and to 'provide world class clinical services with timely access'.

NSW Health Policy Directive (PD2-16_049) requires NSW Health Organisations (including Affiliated Health Organisations) to comply with all Policy Directives, adhere to Guidelines and Procedure Manuals to ensure best practice.

The *Hunter New England Local Health District: Strategic Plan Towards 2018* is underpinned by the state plan, and provides an endorsed blueprint for the provision of safe, high quality care to the District's population in an efficient and effective manner.

HNE Health's clinical service plans are evaluated against the 'Triple Aim' Framework focused on improving health system performance. All strategies need to fulfil three dimensions:

- Improving the patient outcome and experience of care (including quality and satisfaction)
- Improving the health of populations
- Delivering safe and efficient health care.

HNE Health's Service Agreement with the Ministry of Health clearly sets out the service delivery and performance expectations for the funding of services and other support provided to and by the District.

¹ NSW 2021: A Plan to make NSW Number One, <http://www.2021.nsw.gov.au/>

4. Community Profile

The NSW Government's Lower Hunter Regional Strategy² projects population increases in Maitland and Cessnock Local Government Areas (LGAs) due to priority land releases and significant urban development. HNE Health has considered the impact of the changes in the population, including growth and ageing, on health services in the Cessnock, Maitland and Singleton LGAs.

Growth in Maitland and Cessnock is mirrored in neighbouring areas, which have similar projected growth expectations. Residents of the suburbs of Minmi, Fletcher, Beresfield and Tarro in Newcastle LGA, Raymond Terrace in Port Stephens LGA, and areas on the western side of Lake Macquarie LGA are potential users of health services in the Lower Hunter Valley.

5. Population Density

Positioning health services where residents are able to readily access them is crucial for successful service delivery. Maitland is the most densely populated LGA in the Hunter Valley (with 1.7 persons per hectare) followed by Cessnock (with 0.3 persons per hectare). Within Maitland, the suburbs with the highest population density are Tenambit (the densest with 11 persons per hectare), Metford and Woodlands Estate (Thornton), Telarah - Mount Dee and Rutherford. Areas with the lowest population density are Rural West, Morpeth and District, Bolwarra and District and Maitland City³.

6. Socio-economic Disadvantage

Socio-economic factors impact on a person's health. The most common measure of socio-economic status is the Social and Economic Index for Areas (SEIFA) score⁴. The SEIFA Index of Relative Social Disadvantage (IRSD) score is derived from income, educational attainment, unemployment and proportion of people in low-skill occupations. An IRSD score under 1000 indicates relative disadvantage within the area.

Most Hunter Valley LGAs have a score under 1000: Cessnock (IRSD=936), Muswellbrook (968), Upper Hunter (981), Dungog (989), and Maitland (993). Even though Singleton (1013) has a higher score, it is important to note that there are pockets of disadvantage within the Singleton LGA.

7. Health Status

Typically, the poorer the health status of a population, the more frequently public health services are used. Health status is defined by a range of factors including behaviours that increase health risk (such as smoking), prevalence of chronic diseases (such as diabetes), and the age profile of the population (which influences rates of hospitalisations due to falls, etc.).

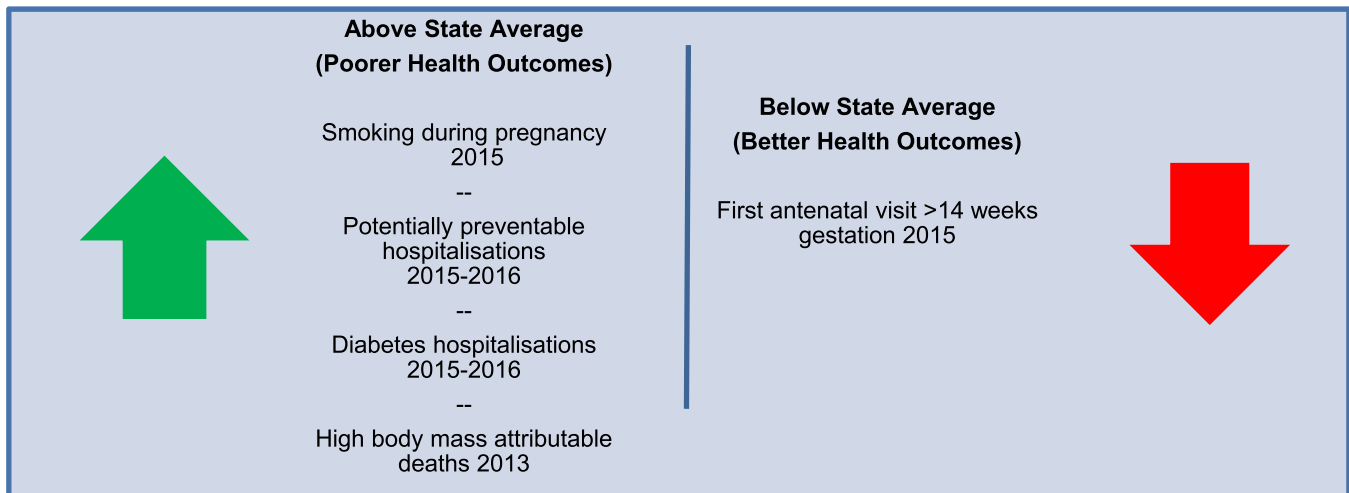
Health indicators are used to show the health status of the population. Figure 1 compares the Hunter Valley with the NSW average rate, after age and sex standardisation, for several health indicators.

² NSW Government Department of Planning, *Lower Hunter Regional Strategy*, 2006

³ Australian Bureau of Statistics, *Census of Population and Housing 2011. Compiled and presented in atlas.id by .id, the population experts.*

⁴ Australian Bureau of Statistics 2011, *Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2011 (cat. no. 2033.0.55.001)*, viewed 5 May 2013, <http://www.abs.gov.au/websitedbs/censushome.nsf/home/seifa2011?opendocument&navpos=260>

Figure 1: Hunter Valley health indicators above and below the state average



Source: Centre for Epidemiology and Evidence. Health Statistics New South Wales. Sydney: NSW Ministry of Health. Available at: www.healthstats.nsw.gov.au. Viewed 27 October 2017.

8. Hospitalisations and Mortality

The most common hospitalisations among Hunter Valley residents in 2015/16 were for orthopaedics, obstetrics, respiratory medicine, cardiology, gastroenterology, and non-subspecialty surgery⁵.

Across HNE Health in 2015, the leading causes of death for both sexes were circulatory diseases (including coronary heart disease, cerebrovascular disease, heart failure and peripheral vascular disease), malignant neoplasms (cancers) and respiratory diseases⁶.

9. Behavioural Risk Factors

The preventable morbidity and premature mortality rates of a population can be reduced through the adoption of healthy lifestyle behaviours. Data reported in the New South Wales Population Health Survey: 2010 report on Adult Health⁷ indicates that for HNE Health residents, for adults aged 16 years and over:

- 15% smoked daily (NSW rate; 12%)
- 61% were overweight or obese (NSW rate; 54%)
- 52% reported inadequate physical activity levels (NSW rate; 55%)
- 32% engaged in risk drinking of alcohol (NSW rate; 30%).

⁵ FlowInfo v12.0 – chemotherapy, renal dialysis and unqualified neonates excluded.

⁶ ABS mortality data and population estimates (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health. Available at: www.healthstats.nsw.gov.au. Viewed 24 October 2012.

⁷ Centre for Epidemiology and Research, NSW Department of Health, 2011.

10. Population Projections

Presented below are the population projections for the Hunter Valley LGAs:

Table 1: Hunter Valley LGA Population Projections

2011 LGA	Age	2011 ERP	2016	2021	2026	Change 2016-2026	% Change 2016-2026
Cessnock (C)	0-14	11,091	11,780	12,760	13,400	1,620	13.8%
	15-19	3,569	3,620	3,570	4,000	380	10.5%
	20-64	30,553	31,640	32,750	33,530	1,890	6.0%
	65+	7,272	9,070	10,830	12,660	3,590	39.6%
Cessnock (C) Total		52,485	56,110	59,910	63,590	7,480	13.3%
Dungog (A)	0-14	1,603	1,570	1,560	1,530	-40	-2.5%
	15-19	604	530	490	500	-30	-5.7%
	20-64	4,857	4,920	4,840	4,640	-280	-5.7%
	65+	1,492	1,730	2,000	2,280	550	31.8%
Dungog (A) Total		8,556	8,750	8,890	8,950	200	2.3%
Maitland (C)	0-14	15,185	16,550	18,040	19,340	2,790	16.9%
	15-19	5,012	5,290	5,510	6,070	780	14.7%
	20-64	40,972	45,320	48,700	51,760	6,440	14.2%
	65+	8,755	11,070	13,500	16,340	5,270	47.6%
Maitland (C) Total		69,924	78,230	85,750	93,510	15,280	19.5%
Muswellbrook (A)	0-14	3,697	3,860	4,050	4,200	340	8.8%
	15-19	1,167	1,070	1,090	1,140	70	6.5%
	20-64	9,767	10,250	10,510	10,800	550	5.4%
	65+	1,697	2,000	2,340	2,690	690	34.5%
Muswellbrook (A) Total		16,328	17,180	17,990	18,830	1,650	9.6%
Singleton (A)	0-14	5,102	5,270	5,510	5,680	410	7.8%
	15-19	1,861	1,700	1,660	1,750	50	2.9%
	20-64	14,136	14,770	15,130	15,310	540	3.7%
	65+	2,424	2,960	3,480	4,070	1,110	37.5%
Singleton (A) Total		23,523	24,700	25,780	26,810	2,110	8.5%
Upper Hunter Shire (A)	0-14	2,969	3,040	3,070	3,070	30	1.0%
	15-19	846	830	870	880	50	6.0%
	20-64	8,121	8,180	8,230	8,240	60	0.7%
	65+	2,270	2,620	3,010	3,400	780	29.8%
Upper Hunter Shire (A) Total		14,206	14,670	15,180	15,590	920	6.3%
Hunter Valley Total		185,022	199,640	213,500	227,280	27,640	13.8%

Source: Department of Planning and Environment, Australian Bureau of Statistics 2016 Final Series

Although Maitland is seen as a popular home for young families, a study of demographics is showing that overall, the Hunter Valley and its surrounding residents are an ageing population with smaller episodes of care for obstetrics and paediatric patients.

11. Culturally Appropriate Services

HNE Health is strongly committed to *Closing the Gap* in health outcomes between Indigenous and non Indigenous Australians. HNE Health works closely with Aboriginal stakeholders to ensure that services

are culturally sensitive and accessible and provide integrated care between service providers. This will continue throughout the planning, design and commissioning phases of the NMH.

12. Networking and Collaboration

HNE Health recognises the importance of developing partnerships with both internal and external service providers (particularly non-government organisations, Primary Health Networks and other government agencies) to deliver optimal care, support and treatment for patients. Collaboration is critical to delivering effective, integrated and responsive services.

Hospitals and community health services across the District are networked to ensure communities have access to the services they need, either locally or within a reasonable travelling distance. Currently, residents in the catchment of Maitland Hospital access health services located at John Hunter Hospital (JHH), John Hunter Children's Hospital (JHCH) and Calvary Mater Newcastle (CMN), District Hospitals and health services located at Maitland, Kurri Kurri, Cessnock and Singleton and Community Hospital and health services located at Dungog.

The NMH will continue to play a role in the District's network of services. It will enhance support service provision, particularly for more complex or specialised clinical services, as well as education, research and teaching, to other facilities within the Lower Hunter and Hunter Valley Sectors.

JHH will continue as the principal referral hospital for all of Northern NSW, while JHCH will continue as the tertiary paediatric facility for Northern NSW.

13. Research and Education

The NMH will continue to play a large role in education and research for the health workforce and to aid recruitment, retention and staff development strategies.

The NMH will be required to deliver teaching, training and education in line with HNE Health's clinical networking requirements. This will include training and support for Junior Medical Officers as part of their rotation within the NSW Health system.

Training and development opportunities for the clinical staff that transfer to the new hospital will continue in line with other public hospitals in the District's network.

14. Primary Health Networks and General Practitioners

In 2015, 31 Primary Health Networks (PHNs) were established by the Federal Government to increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and to improve coordination of care to ensure patients receive the right care in the right place at the right time.

PHNs achieve these objectives by working directly with general practitioners, other primary health care providers, secondary care providers and hospitals to facilitate improved outcomes for patients.

The Federal Government agreed to six key priorities for targeted work by PHNs. These are mental health, Aboriginal and Torres Strait Islander health, population health, health workforce, eHealth and aged care.

HNE Health works closely with the Hunter New England Central Coast Primary Health Network and local GPs to deliver a range of programs including Health Pathways and chronic disease management that aims to reduce the health disease burden and reduce hospitalisations.

15. HNE Health Clinical Networks and Streams

District-wide Clinical Networks and Streams are groups of health professionals from primary, secondary and tertiary care settings who work together to improve service delivery and ensure the equitable provision of high quality, clinically effective health care.

Across HNE Health there are seven Clinical Networks (comprising of 26 Streams) and six Streams not currently aligned to a Network. These are listed in Table 2.

Table 2: HNE Health Clinical Networks and Streams as at September 2017

Networks	Streams
Aged Care and Rehabilitation Services	Aged Care
	Rehabilitation
Children, Young People and Families	Primary and Community Child and Family
	Newborn Services
	Trauma and Surgery
	Tertiary Services
	General Paediatrics
	Violence Care & Prevention
Cancer	Medical Oncology
	Radiation Oncology
	Haematology
	Psycho-Oncology
Women's Health and Maternity	Women's Health
	Maternity
Mental Health and Drug and Alcohol	Mental Health
	Drug and Alcohol
	Mental Health Rehabilitation
Critical Care and Emergency Services	Intensive Care and High Dependency
	Retrieval
	Emergency services
	Trauma
Chronic Disease	Renal
	Cardiac
	Stroke
	Diabetes
	Respiratory
Non Aligned Streams	Anaesthesia and pain
	Viral Hepatitis
	Palliative and End of Life
	Wound Care
	Hospital in the Home

16. Current Maitland Hospital Overview

Maitland Hospital is the rural referral hospital for the Hunter Valley, working with the district and community hospitals and community based services located across the Hunter Valley to meet resident's health needs. Maitland Hospital is linked with Kurri Kurri and Cessnock Hospital (under one sector management structure) to optimise existing capacity across medical, surgical and maternity services.

Inpatient Services

Maitland Hospital provides a range of inpatient services for adults and children and currently has 188 beds. Rehabilitation is now provided at Kurri Kurri Hospital which offers 26 rehabilitation beds and 20 medical beds. Acute inpatient adult mental health services are also located on the Maitland Hospital campus.

Critical Care (High Dependency and Intensive Care)

Maitland Hospital is transitioning to provision of Level 4 Intensive Care Services. Maitland Hospital currently has 4 High Dependency beds. There has been an increase in the acuity of patients presenting to Maitland Hospital, placing additional demand on tertiary Intensive Care Unit (ICU) and High Dependency Unit (HDU) services at JHH. The retrieval activity from Maitland Hospital to JHH has been steadily increasing. Based on population calculations and ICU/HDU guidelines, Maitland Hospital requires an increase in critical care capability.

Medical Services

Medical services for patients 16+ years of age is one of the highest activity areas at Maitland Hospital currently, with high occupancy of available beds. A range of conditions are managed at Maitland Hospital including respiratory medicine, non-subspecialty medicine, cardiology, gastroenterology and neurology.

Currently patients who have a change in care-type to palliative care, geriatric medicine and maintenance following an acute admission or who are specifically admitted for review by physicians in these sub-acute categories are accommodated in medical wards in Kurri Kurri and Maitland Hospitals.

Surgery and Procedural Activity

A range of conditions are managed at Maitland Hospital including orthopaedics, non-subspecialty surgery, gynaecology, Gastro Intestinal surgery and diagnostic Gastro Intestinal endoscopy.

Admitted surgical and procedural services for patients 16+ years of age is another high activity area at Maitland Hospital, with high operating theatre use. Bottlenecks are caused by low numbers of recovery spaces and day surgery beds that are required to support high volume short stay surgery and procedures.

Maternity and Neonatal Services

Maitland Maternity Services form part of the District and State Perinatal Service Network (PSN). Maitland Hospital is the only 24 hour service staffed by obstetricians in the Lower Hunter and also undertakes all caesarean sections in this area. In addition to JHH, other maternity services in the Hunter are provided by GP obstetricians or midwifery models of service.

Paediatric Services

Maitland Hospital provides appropriate medical and surgical services for children and is networked with JHCH for higher acuity services.

Mental Health Services

The Maitland Mental Health unit provides 24 beds for acute adult patients and is networked with Hunter Valley Community Mental Health Services and sub-acute mental health services at Morisset.

Inpatient Activity

Presented below is acute admitted activity for Maitland Hospital by age and major groupings of medical, procedural and surgical.

Table 3: Maitland Hospital Acute Activity 2013-2016

Age Group		2013/2014			2014/2015			2015/2016			
		Total Seps	Total Bed Days	ALOS	Total Seps	Total Bed Days	ALOS	Total Seps	Total Bed Days	ALOS	
Day only	Adults 16+ Years	Medical	848	848	1	830	830	1	756	756	1
		Procedural	352	352	1	431	431	1	514	514	1
		Surgical	954	954	1	994	994	1	1015	1015	1
	Adults 16+ Years Total		2154	2154	1	2255	2255	1	2285	2285	1
	Children 0-15 years	Medical	241	241	1	211	211	1	225	225	1
		Procedural	2	2	1						
		Surgical	244	244	1	225	225	1	215	215	1
	Children 0-15 years Total		487	487	1	436	436	1	440	440	1
Day only Total		2641	2641	1	2691	2691	1	2725	2725	1	
Overnight	Adults 16+ Years	Medical	6810	31065	4.6	6681	30989	4.6	6857	28811	4.2
		Procedural	108	697	6.5	119	889	7.5	117	846	7.2
		Surgical	2951	11664	4.0	2895	11507	4.0	2842	10289	3.6
	Adults 16+ Years Total		9869	43426	4.4	9695	43385	4.5	9816	39946	4.1
	Children 0-15 years	Medical	1708	5357	3.1	1384	4653	3.4	1317	4170	3.2
		Procedural	1	1	1.0	26	92	3.5	48	148	3.1
		Surgical	246	509	2.1	226	432	1.9	246	504	2.0
	Children 0-15 years Total		1955	5867	3.0	1636	5177	3.2	1611	4822	3.0
Overnight Total		11824	49293	4.2	11331	48562	4.3	11427	44768	3.9	
Grand Total		14465	51934	3.6	14022	51253	3.7	14152	47493	3.4	

Source: Flowinfo V16.1

Excludes: Renal dialysis, unqualified neonates and chemotherapy

Table 4: Maitland Hospital - Top 20 Enhanced Service Related (ESR) Groups by Age – 2015/16

Age Group	ESR Gv50 Name	2015/2016	
		Total Seps	Total Bed Days
Adults 16+ Years	Other orthopaedics - surgical	782	2664
	Vaginal delivery	1079	2567
	Respiratory infections/inflammations	342	1933
	Heart failure & shock	210	1571
	Chronic obstructive airways disease	286	1512
	Caesarean delivery	373	1430
	Other respiratory medicine	259	1321
	Other gastroenterology	318	1115
	Other general surgery	268	994
	Disorders of biliary tract & pancreas	243	986
	Stroke	140	955
	Colorectal surgery	107	888
	Septicaemia	122	887
	Non-major arrhythmia & conduction disorders	239	874
	Kidney & urinary tract infections	164	829
	Hip replacement/revision	121	753
	Cellulitis	171	745
	Antenatal admission	454	730
	Acute Myocardial Infarction without invasive cardiac procedure	147	687
	Dementia	54	647
Children 0-15 years	Qualified Neonate	352	2597
	Other respiratory medicine	234	404
	Injuries to limbs - medical	172	328
	Other orthopaedics - surgical	153	269
	Bronchitis & asthma	145	181
	Ear and upper respiratory infections	102	142
	Appendicectomy	49	114
	Other orthopaedics - non-surgical	84	114
	Other general medicine	74	111
	Oesophagitis, gastroent & misc digestive system disorders	58	96
	Respiratory infections/inflammations	52	87
	Other general surgery	37	56
	Tonsillectomy & adenoidectomy	53	53
	Abdominal pain	42	52
	Nutritional and metabolic disorders	19	52
	Seizures	33	49
	Kidney & urinary tract infections	18	48
	Injuries	35	43
	Other gastroenterology	31	40
	Wrist & hand procedures incl carpal tunnel	37	40

Source: Flowinfo V16.1

Excludes: Renal dialysis, unqualified neonates and chemotherapy

Table 5: Births at Maitland Hospital 2011-2016

Maitland Hospital	2011	2012	2013	2014	2015	2016
Total Births	1693	1662	1659	1582	1531	1451

Source: Mothers and Babies Report

Presented below is activity for subacute patients. There were no paediatric subacute patients.

Table 6: Maitland Hospital Subacute Activity 2013-2016

SR Gv50 Name	Total Seps	2013/2014		Total Seps	2014/2015		Total Seps	2015/2016	
		Total Bed Days	ALOS		Total Bed Days	ALOS		Total Bed Days	ALOS
Maintenance	6	50	8.3	7	64	9.1	10	95	9.5
Palliative Care	1	6	6.0				12	69	5.8
Rehabilitation	188	4214	22.4	194	3997	20.6	206	4016	19.5
Grand Total	195	4270	21.9	201	4061	20.2	228	4180	18.3

Source: Flowinfo V16.1

17. Emergency Activity

Presented below is emergency presentations for Maitland Hospital by triage category for three years.

Table 7: Maitland Hospital Emergency Presentations 2013-2016

Hospital Name	Triage Category	2013/2014	2014/2015	2015/2016
Maitland	1 – Resuscitation	87	106	111
	2 – Emergency (chest pain, severe burns)	4261	5270	6048
	3 – Urgent (moderate blood loss, dehydration)	9897	10488	11346
	4 – Semi-urgent (sprained ankle, earache)	24278	23106	23633
	5 – Non-urgent (small cuts or abrasions)	6762	7047	6578
	N/A	9	43	19
Maitland Total		45294	46060	47735
Kurri Kurri	1 – Resuscitation	7	14	8
	2 – Emergency (chest pain, severe burns)	419	411	336
	3 – Urgent (moderate blood loss, dehydration)	1444	1115	1216
	4 – Semi-urgent (sprained ankle, earache)	4130	3455	2526
	5 – Non-urgent (small cuts or abrasions)	1187	1325	908
	N/A		2	2
Kurri Kurri Total		7187	6322	4996
Grand Total		52481	52382	52731

Source: EDAA V16.0

In 2016/17 there were 48,539 presentations to Maitland Hospital, with 19.3% admitted to the facility (Source: HNE Health RAP).

18. Non-admitted Activity

Presented below is all non-admitted activity managed by Maitland Hospital. This includes outreach to smaller hospital sites by specialty clinical staff, and activity provided in community health centres, homes, inpatient wards and other locations such as schools.

Table 9: Maitland Hospital –Non-admitted Activity 2015-17

IHPA TIER 2 CLINIC TYPE V30 CODE	IHPA TIER 2 CLINIC TYPE V30 DESC	NAPOOS* 2015/16	NAPOOS*2016/17
10.06	Endoscopy - Gastrointestinal	673	309
10.07	Endoscopy- Urological/Gynaecological	297	212
20.02	Anaesthetics	4640	5535
20.05	General Medicine		21
20.07	General Surgery	430	452
20.09	Geriatric Medicine	122	122
20.11	Paediatric Medicine	2532	2424
20.12	Paediatric Surgery	121	176
20.13	Palliative Care		8193
20.19	Respiratory		64
20.22	Cardiology	20	0
20.29	Orthopaedics	10404	14967
20.38	Gynaecology	2174	2359
20.40	Obstetrics	13018	14963
20.47	Rehabilitation	12	0
30.01	General Imaging	18493	21483
30.05	Pathology (Microbiology, Haematology, Biochemistry)	92657	104938
30.08	Clinical Measurement	2548	3497
40.06	Occupational Therapy	141	3450
40.07	Pre-Admission and Pre-Anaesthesia	72	5
40.08	Primary Health Care	5504	3019
40.09	Physiotherapy		8378
40.11	Social Work		8121
40.12	Rehabilitation	6836	1358
40.17	Audiology	184	201
40.18	Speech Pathology	428	2665
40.21	Cardiac Rehabilitation	9948	6085
40.22	Stomal Therapy	375	1119
40.28	Midwifery and maternity	6513	12669
40.35	Palliative care	17	22
40.39	Neurology	9	0
40.40	Respiratory	316	477
40.42	Circulatory	180	203
40.44	Orthopaedics	7877	848
40.52	Oncology	7	0
40.53	General medicine	13500	2531
40.54	General surgery	2553	344
40.55	Paediatrics	1242	5737

40.59	Post-acute care	8834	8614
40.60	Pulmonary Rehabilitation		1
99.94	Excluded Data – Clinical Service Not In-Scope		237
99.96	Excluded Data - Non Clinical Service	550	1000
Total		213227	246799

Source: HNE Health RAP

Includes: All modalities of care (e.g. face to face, email, telehealth) and all locations (hospital, home, community and other)

NAPOOS – Non Admitted Patient Occasions of Service

19. Services and Role Delineation

Services planned for NMH include:

- Acute overnight services for medical, surgical, paediatric, maternity, mental health
- Critical care services for adults and neonates (special care)
- Acute day only services for surgical, medical, paediatrics and maternity
- Overnight and day services for palliative care, maintenance and rehabilitation, including the existing beds at Kurri Kurri Hospital to meet overall rehabilitation demand
- Emergency services
- Mental health inpatient services and a new psychiatric emergency care centre (PECC)
- Satellite renal dialysis
- A new chemotherapy service and expanded oral health service
- Ambulatory care and outpatient clinics
- Support spaces including operating theatres and recovery stage 1 and 2, delivery suites and assessment rooms
- Cardiac catheterisation lab
- Imaging modalities including x-ray, CT, Orthopantomogram (OPG), ultrasound
- Clinical support services including Central Sterile Services Department, pharmacy, pathology, isolation rooms where required, plaster rooms and gyms to support both general and mental health services for residents.

The proposed service role delineation levels at NMH are available in Appendix 1. Services will generally be at a role delineation Level 4, and there is potential for maternity to rise to a Level 5 in the future, with a corresponding increase in neonatal services to a Level 4.

Networking between acute hospitals and community health services across the Lower Hunter and Hunter Valley Sectors will continue to ensure communities have access to services they need, either locally or within a reasonable travelling distance. Models of service delivery such as Hospital in The Home (HiTH), telehealth technology, as well as in-reach and outreach services, will be utilised to provide services as close to home as possible.

Future models of care will focus on integrated care between hospital and community care and partnerships with other key health providers such as the Primary Health Network, Non-Government Organisations (NGO's), General Practitioners (GP's) and aged care facilities.

Increasing medical technology and information technology, telehealth and other innovations are the future of delivering health services and will be included in detailed planning for NMH to ensure it can deliver timely and contemporary care. The NMH will have integrated medical record and information technology systems to ensure seamless travel of information and clinical records.

20. Research and Education

A range of education, skills training and research opportunities for undergraduate and postgraduate health professionals and vocational students will be provided at NMH. Services will be delivered by a combination of hospital programs, collaborations and partnerships with strong links to the Hunter Medical Research Institute, the University of Newcastle and Hunter TAFE.

It is intended that education and research be embedded in all aspects of culture and services at NMH so that education, training research and patient care are integrated. Modern technology will facilitate teaching and learning, and library services will be available.

21. NMH Schedule of Accommodation

Service Delivery Units	Maitland Hospital 16/17		New Maitland Hospital 26/27		Total
	Overnight Beds	Day Beds	Overnight Beds	Day Beds	
Inpatient Services					
Acute Beds	112	6	187	28	215
Maternity	24	2	20	6	26
Paediatric	12	0	12	4	16
Special Care Nursery	12	0	12	0	12
Critical Care Services	4 HDU	0	8 ICU/HDU	0	8
Acute Mental Health	24	0	24 Acute 6 PECC	0	30
ESSU	0	0	8	0	8
Rehabilitation	(26 KKDH)	0	20 (26 KKDH)	4	24 (26 KKDH)
<i>Total</i>	<i>188</i>	<i>8</i>	<i>297</i>	<i>42</i>	<i>339</i>
Other Services	Spaces		Spaces		
Satellite Renal Dialysis		10	12 chairs 2 training chairs		14
Operating suites		3	8		8
Endoscopy Procedure Rooms		1	2		2
Cardiac Catherisation Lab		0	1		1
Recovery Spaces		6	24		24
Delivery Suites		5	6		6
Maternity Assessment Rooms		0	2		2
Emergency Department					
Treatment spaces		23	34		34
Resuscitation bay		2	4		4
<i>Total</i>		<i>25</i>	<i>38</i>		<i>38</i>
Ambulatory Care					
Chemotherapy chairs		0	12		12
Oral Health chair		6	12		12
Outpatient Clinics		37	51		51
<i>Total</i>		<i>43</i>	<i>75</i>		<i>75</i>
Imaging					
X-Ray		2	4		4
CT		1	2		2

MRI	0	1	1
Fluoroscopy	0	1	1
OPG	1	1	1
Ultrasound	2	6	6
<i>Total</i>	<i>6</i>	<i>15</i>	<i>15</i>
Research and Education			
Lecture Theatre	0	1	1
Training and Meeting Rooms	Yes	Yes	Yes